

| POSITION                  | INITIALS  | ID NO.           | DATE            |
|---------------------------|-----------|------------------|-----------------|
| FEE DETERMINATION         |           |                  |                 |
| O.I.P.E. CLASSIFIER       |           |                  |                 |
| FORMALITY REVIEW          | <i>CF</i> | <i>711096 10</i> | <i>12-15-00</i> |
| RESPONSE FORMALITY REVIEW |           |                  | <i>3/6/01</i>   |

INDEX OF CLAIMS

< ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 + ..... Restricted                        O ..... Objected

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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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